

Liberty Volunteer Application

Last Name _____ First _____ MI _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

Personal Physician _____ Phone _____

Emergency Adult Contact _____ Phone _____

Criminal Conviction Information: Are you a child sex offender? Yes No

Have you ever been convicted of a felony? Yes No If yes, list all offenses.

Offense	Date	Location
_____	_____	_____

If requested, are you willing to consent to a criminal history records check? Yes No

Are you now or have you ever been a school volunteer? Yes No

If yes, at which school? _____

Do you have students at our school(s)? If so, please list:

Name _____ Grade _____

Name _____ Grade _____

Which schools are you interested in volunteering in?

Liberty Elementary Liberty Junior High Liberty High School Any/all schools

How would you like to volunteer?

Building

- Making copies
- Organizing/Filing
- Decorating bulletin boards
- Maintenance/Janitorial
- cafeteria

Large Group

- Playground/Cafeteria monitor
- Arranging for speakers/assemblies

Classroom

- Assisting teachers
- Sharing personal experience
- Providing an educational project
- Classroom celebrations/parties

Individual Students

- Tutoring
- Mentor/Lunch Buddy

Other (Please list) _____

When would you like to volunteer?

- On a regular basis (set day/time)
- On a regular basis, but flexible
- Occasionally as needed and my schedule permits

Waiver of Liability

Liberty Community Unit School District #2 does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance by the School District and to document the volunteer’s acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

You acknowledge that Liberty Community Unit School District #2 does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer’s unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer’s supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer’s supervised or unsupervised service to the School District.

Volunteer Name (please print)

Volunteer Signature

Date

For School Use Only

General Description of assignment(s):

- | | |
|---|--|
| <input type="checkbox"/> Mentor/Tutor (one-on-one) | <input type="checkbox"/> Assisting in the main office |
| <input type="checkbox"/> Assisting with academic programs | <input type="checkbox"/> Maintenance/Janitorial assistance |
| <input type="checkbox"/> Supervising students | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cafeteria | |

Name of supervising staff member _____

Child Sex Offender List checked by _____ on _____ (mandatory)

Statewide Sex Offender List checked by _____ on _____ (mandatory)

To be completed by the building principal/secretary:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent?

_____ Yes _____ No

If “yes,” and provided the individual authorized the criminal history records check, please provide the following:

Date check was requested _____ Date check received and reviewed _____

Reviewed by (please print) _____

Signature of reviewer _____ Date _____